

**THE KENTUCKY BOARD OF
OPHTHALMIC DISPENSERS
PO BOX 1360
FRANKFORT, KY 40602**

FOR OFFICE USE ONLY

P.V. No. _____

Date Rec'd _____

Amount _____

Approved _____

Date Issued _____

License # _____

APPLICATION FOR OPTICIAN LICENSE

1. PERSONAL INFORMATION:

Name: _____ Age: _____
(Last) (First) (Middle)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Social Security Number: _____ - _____ - _____

2. GENERAL INFORMATION:

A. Are you registered as an apprentice in the state of Kentucky? Yes _____ No _____

B. Do you hold a license as an ophthalmic dispenser from any other state? Yes _____ No _____

C. If yes, please indicate state(s) _____

D. Have you ever held a Kentucky License? Yes _____ No _____. If yes, license # _____

E. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or any other state?

Yes _____ No _____. **If yes, explain in full with attachment.**

F. Have you, at any time, forfeited your license by revocation or suspension? Yes _____ No _____

If yes, explain in full with attachment.

G. Give name and address of firm, partnership, corporation, or individual by which you will be employed.

(Company Name)

(Street Address)

(City)

(State)

(Zip)

(Phone)

H. What is your position with the firm? _____ Length of Employment _____

I. Have you ever been involved in a court action, civil or criminal? Yes _____ No _____

If yes, explain in full with attachment.

3. EDUCATION AND EXPERIENCE:

A. List below past employment.

	Month and Year	Month and Year
1. Employer _____	From _____	To _____
City _____	State _____	Zip _____
2. Employer _____	From _____	To _____
City _____	State _____	Zip _____
3. Employer _____	From _____	To _____
City _____	State _____	Zip _____

B. What is the extent of your education? Grade School _____ High School _____ College _____

C. Have you taken any academic work relating to ophthalmic dispensing? Yes _____ No _____
If yes, please list and attach verification _____

E. Are you a graduate of any school of ophthalmic dispensing approved by the Board? Yes _____ No _____
If yes, attach copy of transcript and certificate _____

F. Have you successfully passed the ABO (American Board of Opticianry National Competency Exam): _____
If yes, please attach a copy of your certificate.

G. Have you successfully passed the NCLE (National Contact Lens Examiners Contact Lens Registry Exam)? _____
If yes, please attach a copy of your certificate.

H. Check the type of operation you are associated with:

Ophthalmic Dispenser _____	Optometrist's Office _____	Jeweler and Optician _____
Ophthalmologist's Office _____	Wholesale Distributor _____	Other _____

I. Will you be the owner, manager or employee of the company where you will be employed? _____

4. REQUIREMENTS:

- A. Letter(s) of good standing must be forwarded from each state licensure board in which you hold or have ever held a license.
- B. Apply for, sit and pass the Kentucky state practical examination.

TO BE COMPLETED FOR TEMPORARY PERMIT ONLY

- A. Why are you applying for a temporary ophthalmic dispensing permit? _____

- B. Describe the duties for which you are employed? _____

- C. Is your position temporary or permanent? _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice approved by the Board.

Applicant's Signature

Date